

WRITE - SINGLE WITH UNBORN CHILD - THIS AS IS A SEPARATE RETURN must be made for each, and the number of each in N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115County Registrar No. 822Local Registrar No. 822No. Miami-Ins. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Alice Creasman (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Sept. 2, 1926 Month Day Year8. FATHER Full name Felix Creasman9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race Cauc. 11. Age at last birthday 40 (Years)12. Birthplace (city or place) Alabama
(State or country)13. Occupation Nature of industry Bookkeeper14. MOTHER Full maiden name Floy Robinson15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.16. Color or race Cauc. 17. Age at last birthday 35 (Years)18. Birthplace (city or place) Burnsville, N. C.
(State or country)19. Occupation Nature of industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 110 m. on the date above stated
(Born alive or stillborn.)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Eyril M. Bron M. D. (Physician or midwife.)
Address Miami, ArizonaGiven name added from a supplemental report. Filed Sept 15, 1926 E. E. Dorn Local Registrar.
Month, day, year

Registrar

Filed _____, 19____ County Registrar.

135-902-695